

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000568

1. Entity Name
THE DEVELOPERS GROUP, LLC



Principal Place of Business

1819 MAIN STREET
SUITE 200
SARASOTA, FL 34236

Mailing Address

1819 MAIN STREET
SUITE 200
SARASOTA, FL 34236

DO NOT WRITE IN THIS SPACE



02032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3634083

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GIBSON, CHRISTINE
1819 MAIN STREET
SUITE 200
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRP
NAME CLABAUGH, JAMES
STREET ADDRESS 1819 MAIN STREET, STE 200
CITY-ST-ZIP SARASOTA, FL 34236

TITLE V
NAME GIBSON, CHRISTINE
STREET ADDRESS 1819 MAIN STREET, STE 200
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VS
NAME MCCULLOUGH, PAMELA
STREET ADDRESS 1819 MAIN STREET, STE 200
CITY-ST-ZIP SARASOTA, FL 34236

TITLE V
NAME FULLERTON, ROBERT
STREET ADDRESS 1819 MAIN STREET, STE 200
CITY-ST-ZIP SARASOTA, FL 34236

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000231937
02/16/05-80052-001 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Christine Gibson
Vice-President

Date

Daytime Phone #

02/10/05 941-366-4414